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Harsh K. Trivedi

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## **Gender Identity Issues in Youth: Opportunities, Terminologies, Histories, and Advancements**

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Richard R. Pleak

An expanding number of mental health professionals evaluate, advocate for, treat, and refer gender variant children and transgender youth. Official recognition of these persons and their needs as well as support for improvement and change come from several different national surveys and professional policy and accreditation organizations. Being informed about these and other available resources can help with patient advocacy. The author provides a reading list for youth and families, definitions of terms, a history of youth gender variance, history and policies of professional organizations, and recent reports and initiatives. An appendix with a patient's first-hand story is included.

## **Thoughts on the Nature of Identity: Disorders of Sex Development and Gender Identity**

**627**

William G. Reiner and D. Townsend Reiner

Children with disorders of sex development have similarities to, but also marked contrasts with, children with normal anatomy but who have gender dysphoria. Understanding gender identity development in children with sex disorders will probably help us understand typical gender identity development more than in understanding gender development in children with gender identity disorder.

## **Gender Monitoring and Gender Reassignment of Children and Adolescents with a Somatic Disorder of Sex Development**

**639**

Heino F.L. Meyer-Bahlburg

Individuals born with a somatic disorder of sex development (DSD) have high rates of gender-atypical behavior, gender uncertainty, gender

dysphoria, and patient-initiated gender change in childhood, adolescence, and adulthood. This article addresses the issues a mental health services provider has to consider in evaluating and assisting such patients and provides examples of assessment-method batteries. To date, the World Professional Association for Transgender Health's *Standards of Care*, 6th version, for non-DSD patients with gender dysphoria, may be cautiously used for guidance, taking into account the considerable differences in presentation and medical context between gender dysphoric patients with and without a DSD.

## **Development of AACAP Practice Parameters for Gender Nonconformity and Gender Discordance in Children and Adolescents**

651

Stewart L. Adelson

The American Academy of Child and Adolescent Psychiatry (AACAP) is preparing a publication, *Practice Parameter on Gay, Lesbian or Bisexual Sexual Orientation, Gender-Nonconformity, and Gender Discordance in Children and Adolescents*. This article discusses the development of the part of the parameter related to gender nonconformity and gender discordance and describes the practice parameter preparation process, rationale, key scientific evidence, and methodology. Also discussed are terminology considerations, related clinical issues and practice skills, and overall organization of information including influences on gender development, gender role behavior, gender nonconformity and gender discordance, and their relationship to the development of sexual orientation.

## **Assessment of Gender Variance in Children**

665

Kenneth J. Zucker and Hayley Wood

This article focuses on the assessment of children who display gender-atypical behavior and, perhaps, identity. The aim is to provide an overview of assessment techniques that can be used clinically with children who show this behavioral pattern and that complement the routine use of DSM-IV criteria for the diagnosis of gender identity disorder in clinical practice. It will also provide an overview of some common approaches to the assessment of other types of behavioral and socioemotional issues that may require clinical attention in these youngsters.

## **Female-to-Male Transgender Adolescents**

681

Sarah E. Herbert

This article focuses on considerations for natal females who present in the adolescent years with concerns related to their gender. They may be individuals previously evaluated in their childhood years who have persisted with gender variance or gender identity disorder (GID) in DSM-IV, or they may be presenting for the first time in their adolescent years. The article discusses how to assess adolescents who come for

evaluation and what treatments and other resources are available for them and their families. Where there seem to be differences between boys and girls with gender identity issues, they will be noted.

### **Treatment of Adolescents With Gender Dysphoria in the Netherlands**

689

Peggy T. Cohen-Kettenis, Thomas D. Steensma, and Annelou L.C. de Vries

In the Netherlands, gender dysphoric adolescents may be eligible for puberty suppression at age 12, subsequent cross-sex hormone treatment at age 16, and gender reassignment surgery at age 18. Initially, a thorough assessment is made of the gender dysphoria and vulnerabilities in functioning or circumstances. Psychological interventions and/or gender reassignment may be offered. Psychological interventions are offered if the adolescent needs to explore gender identity and treatment wishes, suffers from coexisting problems, or needs support and counseling during gender reassignment. Although more studies are necessary, this approach seems to contribute significantly to the well-being of gender dysphoric adolescents.

### **The Development of a Gender Identity Psychosocial Clinic: Treatment Issues, Logistical Considerations, Interdisciplinary Cooperation, and Future Initiatives**

701

Scott F. Leibowitz and Norman P. Spack

Few interdisciplinary treatment programs that tend to the needs of youth with gender nonconforming behaviors, expressions, and identities exist in academic medical centers with formal residency training programs. Despite this, the literature provides evidence that these youth have higher rates of poor psychosocial adjustment and suicide attempts. This article explores the logistical considerations involved in developing a specialized interdisciplinary service to these gender minority youth in accordance with the existing treatment guidelines. Demographic data will be presented and treatment issues will be explored. The impact that a specialized interdisciplinary treatment program has on clinical expansion, research development, education and training, and community outreach initiatives is discussed.

### **Guidelines for Pubertal Suspension and Gender Reassignment for Transgender Adolescents**

725

Wylie C. Hembree

Pubertal suppression at Tanner stage 2 should be considered in adolescents with persistent gender identity disorder (GID). Issues related to achievement of adult height, timing of initiating sex steroid treatment, future fertility options, preventing uterine bleeding, and required modifications of genital surgery remain concerns. Concerns have been raised about altering neuropsychological development during cessation of puberty and reinitiation of puberty by the sex steroid opposite those determined by genetic sex. Collaborative assessment and treatment

of dysphoric adolescents with persistent GID resolves these concerns and deepens our understanding of gender development.

**A Therapeutic Group for Parents of Transgender Adolescents** 733

Edgardo J. Menvielle and Leslie A. Rodnan

Therapy for transgender, transsexual, and gender variant persons has traditionally assisted individuals in the process of adjusting to their newly adopted gender role. Increasingly, younger gender variant patients, teens and preteens, present to the clinical consultation raising the need to develop therapeutic interventions that better address the psychosocial needs of minors. The Gender and Sexuality Development Program at Children's National Medical Center (CNMC) in Washington, DC (<http://www.childrensnational.org/gendervariance>), provides outpatient psychosocial evaluations and therapeutic services for children, adolescents, and their families.

**Snakes and Snails and Mermaid Tails: Raising a Gender-Variant Son** 745

Tony Kelso

This article is a first-person account of a father's journey to lovingly accept his young gender variant son, who began to show traits and preferences more common to girls almost from birth. The dad's efforts to discover constructive parenting strategies for raising his boy are also detailed. Experiences described begin with guilt and awareness of his own difficulty in coming to terms with his son's behavior, progress toward seeking and finding support and guidance, and eventually learning to embrace his son as he is, perhaps with questions about his own liberality and apprehensions about his boy's future.

**Raising a Gender Non-Conforming Child** 757

Deborah L. Wisnowski

This article overviews the challenges parents face raising gender non-conforming children. The author is the mother of a fifteen year old gender non-conforming (GNC) child and co-founder of Stepping Stones Support Group which organizes support programs for families of GNC. The article discusses social challenges, educational challenges and internal conflicts the author has experienced while raising her child. The author also discusses the process of founding Stepping Stones and the importance having support has played in her and her child's life.

**Considerations for Affirming Gender Nonconforming Boys and Their Families: New Approaches, New Challenges** 767

Catherine Tuerk

The media and the public's reaction have created the impression that gender variant behaviors of many children are indicative of later

transsexual identities. This has suggested to some parents that the best way to manage their sons' gender variance and perhaps gender dysphoria is to allow them to dress as girls in increasingly more situations. For some this becomes a transition to living full-time as a girl. However, the author believes that most of these boys would be better served by helping them develop an awareness of the many ways of being a boy, stigma-reducing social strategies, and facilitating a positive gay identity.

## **Improving Medical Education About Gender-Variant Youth and Transgender Adolescents**

779

Joel Stoddard, Scott F. Leibowitz, Hendry Ton, and Shane Snowdon

Gender minority children and adolescents present to a wide variety of health professionals for gender-related care and other care. However, few professionals may be prepared to meet their needs. Unprepared clinicians risk developing insufficient therapeutic rapport, missing salient information, and inadvertently contributing to risk. In this article the authors outline ways to address these gaps at all training levels to meet the needs of gender minority children and adolescents. They provide practical resources for colleagues interested in expanding education opportunities in their own community. In the end, competency in gender minority health should improve access to care for these youths.

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